Best Available Copyoplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

M-9535 US

CLAIMS AS FILED - PART I								SMALL ENTITY		OTHER THAN OR SMALL ENTITY		
TTO	TAL OLAINAC		(Column 1)		(Column 2)			TYPE		OR		
TOTAL CLAIMS			24					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 4 minus 20=		* 4		:	X\$ 9=	36	OR	X\$18=	
INDEPENDENT CLAIMS			s minus 3 =		* 2			X40=	80	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							-	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL	471	OR	TOTAL	
CLAIMS AS AMENDED - PART II								•		•	OTHER	THAN
		(Column 1)	(Column 2			(Column 3)		SMALLE	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AINA	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIIVI			+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											ADDIT. I CC	
		(Column 1) CLAIMS			HEST	(Column 3)	1 r		ADDI-	l		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***				X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
	•							+135=		OR	+270=	
		,	TÖTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***]=	 	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
	is al		h	luman O		+135=		OR	+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously P nber Previously Pa							propriate box	x in co	lumn 1.	